

## PATENT COOPERATION TREATY

PCT

INFORMATION CONCERNING ELECTED  
OFFICES NOTIFIED OF THEIR ELECTION

(PCT Rule 61.3)

From the INTERNATIONAL BUREAU

To:

REINHOLD COHN AND PARTNERS  
P.O Box 4060  
61040 Tel Aviv  
ISRAËL**RECEIVED**

30-08-1999

REINHOLD COHN &amp; PARTNERS

Date of mailing (day/month/year) 17 August 1999 (17.08.99)		IMPORTANT INFORMATION	
Applicant's or agent's file reference 110967.7 RS			
International application No. PCT/IL98/00593	International filing date (day/month/year) 07 December 1998 (07.12.98)	Priority date (day/month/year) 30 December 1997 (30.12.97)	
Applicant CADENT LTD. et al			

1. The applicant is hereby informed that the International Bureau has, according to Article 31(7), notified each of the following Offices of its election:

AP : GH, GM, KE, LS, MW, SD, SZ, UG, ZW

EP : AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE

National : AU, BG, BR, CA, CN, CZ, DE, GB, IL, JP, KP, KR, MN, NO, NZ, PL, RO, RU, SE, SK, US

2. The following Offices have waived the requirement for the notification of their election; the notification will be sent to them by the International Bureau only upon their request:

EA : AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

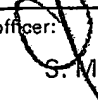
OA : BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

National : AL, AM, AT, AZ, BA, BB, BY, CH, CU, DK, EE, ES, FI, GD, GE, GH, GM, HR, HU, ID, IN, IS, KE, KG, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MW, MX, PT, SD, SG, SI, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW

3. The applicant is reminded that he must enter the "national phase" before the expiration of 30 months from the priority date before each of the Offices listed above. This must be done by paying the national fee(s) and furnishing, if prescribed, a translation of the international application (Article 39(1)(a)), as well as, where applicable, by furnishing a translation of any annexes of the international preliminary examination report (Article 36(3)(b) and Rule 74.1).

Some offices have fixed time limits expiring later than the above-mentioned time limit. For detailed information about the applicable time limits and the acts to be performed upon entry into the national phase before a particular Office, see Volume II of the PCT Applicant's Guide.

The entry into the European regional phase is postponed until 31 months from the priority date for all States designated for the purposes of obtaining a European patent.

The International Bureau of WIPO 34, chemin des Colombettes 1211 Geneva 20, Switzerland	Authorized officer:  S. Mafla
Facsimile No. (41-22) 740.14.35	Telephone No. (41-22) 338.83.38

# PATENT COOPERATION TREATY

From the  
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

## PCT

To:

REINHOLD COHN AND PARTNERS  
P.O. Box 4060  
61040 Tel-Aviv  
ISRAEL

**RECEIVED**

1-8-00-1999

REINHOLD COHN & PARTNERS

### NOTIFICATION OF RECEIPT OF DEMAND BY COMPETENT INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

(PCT Rules 59.3(e) and 61.1(b), first sentence  
and Administrative Instructions, Section 601(a))

Date of mailing  
(day/month/year) **13.08.99**

Applicant's or agent's file reference <b>110967.7 RS</b>		<b>IMPORTANT NOTIFICATION</b>	
International application No. <b>PCT/IL 98/ 00593</b>	International filing date (day/month/year) <b>07/12/1998</b>	Priority date (day/month/year) <b>30/12/1997</b>	
Applicant <b>CADENT LTD. et al.</b>			

1. The applicant is hereby notified that this International Preliminary Examining Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:

13/07/1999

2. This date of receipt is:

☒ the actual date of receipt of the demand by this Authority (Rule 61.1(b)).


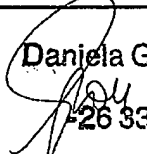
☐ the actual date of receipt of the demand on behalf of this Authority (Rule 59.3(e)).

☐ the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections.

3. ☐ **ATTENTION:** That date of receipt is **AFTER** the expiration of 19 months from the priority date. Consequently, the election(s) made in the demand does (do) not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)). Therefore, the acts for entry into the national phase must be performed within 20 months from the priority date (or later in some Offices) (Article 22). For details, see the *PCT Applicant's Guide*, Volume II.

☐ (If applicable) This notification confirms the information given by telephone, facsimile transmission or in person on:

4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.

Name and mailing address of the IPEA/  European Patent Office D-80298 Munich Tel. (+49-89) 2399-0, Tx: 523656 epmu d Fax: (+49-89) 2399-4465	Authorized officer <div style="text-align: center;">   <b>Daniela Gran</b>  <b>26 33</b> </div> Telephone No.
---	---

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line

IPEA/ EP

By fax: 0049892399 4465  
(4 pages)

PCT

DEMAND

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:  
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only		
Identification of IPEA		Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>		Applicant's or agent's file reference 110967.7 RS
International application No. PCT/IL98/00593	International filing date (day/month/year) 07 December 1998 ( 07.12.1998 )	(Earliest) Priority date (day/month/year) 30 December 1997 ( 30.12.1997 )
Title of invention VIRTUAL ORTHODONTIC TREATMENT		
<b>Box No. II APPLICANT(S)</b>		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) CADENT LTD. 14 Hamelacha Street Or Yehuda 60372 Israel		Telephone No.:  Facsimile No.:  Teleprinter No.: 
State (that is, country) of nationality: IL		State (that is, country) of residence: IL
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) TAUB, Eldad 11 Topaz Street Reut 71908 Israel		
State (that is, country) of nationality: IL		State (that is, country) of residence: IL
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) KOPELMAN, Avi 8 Ido Street Ramat-Chen 52233 Israel		
State (that is, country) of nationality: IL		State (that is, country) of residence: IL
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.		

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The following person is ☒ agent ☐ common representative  
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.  
☐ is hereby appointed and any earlier appointment of (an) agent(s) /common representative is hereby revoked.  
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official  
 The address must include postal code and name of country.)*

REINHOLD COHN AND PARTNERS  
 P.O.B. 4060  
 Tel Aviv 61040  
 Israel

Telephone No.:  
 +972-3-7109.314

Facsimile No.:  
 +972-2-5606405

Teleprinter No.:  
 e-mail: rashrem@cohnpatents.co.il

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed.

the description ☐ as originally filed  
☐ as amended under Article 34

the claims ☐ as originally filed  
☐ as amended under Article 19 (together with any accompanying statement)  
☐ as amended under Article 34

the drawings ☐ as originally filed  
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

**Language for the purposes of international preliminary examination: ENGLISH**

☒ which is the language in which the international application was filed.  
☐ which is the language of a translation furnished for the purposes of international search.  
☒ which is the language of publication of the international application.  
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

**Box No. VI CHECK LIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- |   |   |        |
|---|---|--------|
| 1. translation of international application                             | : | sheets |
| 2. amendments under Article 34  | : | sheets |
| 3. copy (or where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter   | : | sheets |
| 6. other (specify)  | : | sheets |

For International Preliminary Examining Authority use only

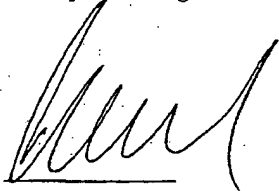
- | received                 | not received             |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is also accompanied by the item(s) marked below:

- |  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet                             | 4. <input type="checkbox"/> statement explaining lack of signature                                  |
| 2. <input type="checkbox"/> separate signed power of attorney                            | 5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form |
| 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 6. <input type="checkbox"/> other (specify):  |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



COHN Ilan  
Agent for REINHOLD COHN AND PARTNERS

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. ☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

## PCT

## FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. <b>PCT/IL 98/00593</b>	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference <b>110967.7 RS</b>	Date stamp of the IPEA	
Applicant <b>CADENT LTD.</b>		
<b>Calculation of prescribed fees</b>		
1. Preliminary examination fee .....	OM 2,998.29	P
2. Handling fee <i>(Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)</i> .....	OM 289.46	H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	OM 3,287.75	
TOTAL		
<b>Mode of Payment</b>		
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	
<b>Deposit Account Authorization</b> <i>(this mode of payment may not be available at all IPEAs)</i>		
The IPEA/ <u>EP</u> <input checked="" type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account.		
<input type="checkbox"/> <i>(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.		
28450022	13.07.1999	Rachel Shren
Deposit Account Number	Date (day/month/year)	Signature